

“FUNCTIONAL FITNESS, WELLBEING, HAPPINESS AND LIFE SATISFACTION IN ELDERLY MEN”

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Abstract:

This research aimed to evaluate physical health, psychological wellbeing, and happiness among older adults in the age groups of 60-64 years and 65-70 years. The study focused on assessing functional fitness and selected psychological variables within these age cohorts. Conducted in the Gurugram region of India, the research included independently living participants without mobility aids or medical conditions hindering fitness testing participation. Functional fitness was assessed using standardized measures, while psychological wellbeing was evaluated through Ryff's six-sub variable model. Life satisfaction and happiness were measured using the Satisfaction with Life Scale and Subjective Happiness Scale, respectively. Following testing, participants received personalized exercise recommendations to address identified fitness deficits, fostering motivation, self-confidence, and a sense of accomplishment.

Results indicated significant differences in functional fitness components between age groups, with the 60-64 years cohort demonstrating superior lower body strength, chest area strength, chest area flexibility, and aerobic fitness. Agility was notably better in the 60-64 years group. Regarding life satisfaction, the first age group exhibited significantly higher scores, while happiness levels did not differ significantly between groups. In terms of psychological wellbeing, the first age group surpassed the second in autonomy, self-acceptance, and purpose in life, with no significant differences observed in the latter group. These findings underscore the importance of tailored interventions to maintain functional fitness and promote psychological wellbeing among older adults. By addressing specific deficits and enhancing overall fitness, such interventions have the potential to improve quality of life and foster a sense of fulfilment in older populations.

Introduction:

The concept of aging undergoes a profound transformation in contemporary society. Rather than being viewed as a discrete event, aging is increasingly understood as an ongoing process. Unfortunately, within development discourse, aging remains an overlooked issue, often

marginalized due to the perceived lack of resources among older populations. Despite its universality, aging has historically been neglected as a natural and inevitable phenomenon, with little attention paid to the concerns of elderly populations, particularly in developing countries. The advent of globalization, characterized by mass media and cultural exchange, has brought to light the pressing need to address the challenges faced by aging populations, particularly in developing nations. The demographic shift towards an increasingly elderly population has underscored the urgency of implementing policies and programs to support the evolving needs of older individuals. However, the transition from traditional familial structures to more modern economic systems has disrupted traditional forms of intergenerational support, leaving many elderly individuals vulnerable and dependent.

In India, the perception of aging has undergone a significant evolution, particularly since the 1980s. Formerly regarded as a communal phenomenon, aging is now primarily viewed through an economic lens, with older individuals increasingly marginalized and relegated to dependent status. This shift in societal attitudes towards the elderly has profound implications for their wellbeing and social integration. As India grapples with the challenges posed by an aging population, it is essential to address key issues such as infrastructure, social support, and inequality. The lack of adequate infrastructure, including healthcare facilities and social services, poses a significant barrier to meeting the needs of older citizens. Furthermore, social isolation and lack of support exacerbate the challenges faced by elderly individuals, particularly those living in urban areas. Moreover, social inequalities further compound the vulnerabilities experienced by older populations, particularly women and those living in rural areas. Despite the diverse needs and experiences of the elderly, government policies often fail to adequately address the unique challenges faced by different segments of the aging population. In light of these challenges, it is imperative for India to develop comprehensive and responsive systems to support its aging population. This includes not only improving access to healthcare and social services but also addressing systemic inequalities and fostering greater social inclusion for older individuals. By prioritizing the needs of its elderly citizens, India can ensure a more dignified and fulfilling quality of life for all members of society.

Methodology:

The subject selected for the study were community residing independently living with regular use of assistive device and without any medication condition that prohibited the subject from participation in the test. A total of thirty (N=30) men, 15 in age groups from 60 to 64, 65 to 70 from the city of Gurugram, will be selected as the subject of the study to assess the selected psychological variables. Satisfaction with life was measured by using Satisfaction with Life Scale- five items scale, developed by Diener, Emmons, Larson, and Griffin, 1985. General happiness was measured by subjective happiness scale-A4 items scale which was developed by Lyubomirsky, S. & Lepper, H.S. (1999). Coefficient correlation was used as a statistical tool. The demographic information was also taken like, name age, weight, height. Psychological wellbeing was measured consist of 18 items divided in to six sub variables developed by (Ryff, C.D. & Singer, B.H. 1995, revised-2000). Wellbeing measured using the WHO well-being index 5 item scale (1998 version). The reliability of data were ensured by

fulfilling tester's reliability by practicing the test of functional ability. test, psychological tools and test-retest method.

Result

Table 1. Descriptive Statistics of Functional Fitness components of 60-64 and 65-70 Age Groups of Senior Citizen

	Mean 60-64 years	Std.Deaviation 60-64 years	Mean 65-70 years	Std.Deaviation 65-70 years
Chair stand	14.53	3.204	12.27	2.712
Arm curl	17.27	4.234	16.53	2.722
Chair sit and reach	4.17	3.917	4.03	3.824
Back scratch	-.20	5.713	-.90	4.028
6 feet up and go	5.67	.955	5.91	1.444
6 min run and walk	603.00	128.060	575.33	83.889

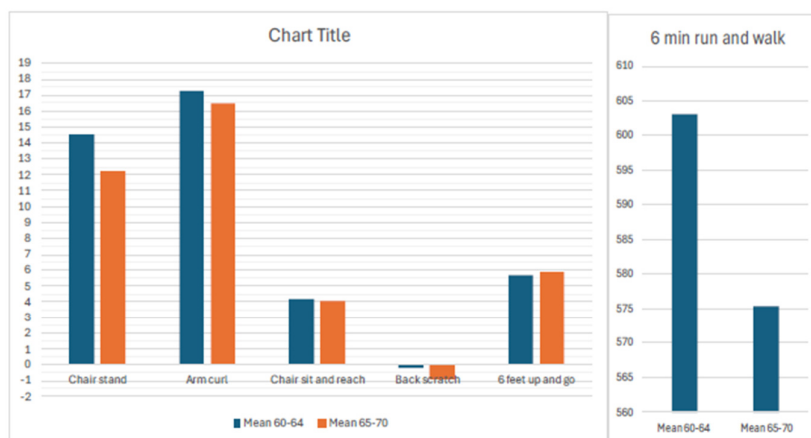


Fig. 1. Graphical Representation of Mean Scores of Functional Fitness components of 60-64 and 65-70 Age Groups of Senior Citizens.

Table 2. Descriptive Statistics of Psychological Well-Being Age Groups of 60-64 and 65-70 Senior Citizen

Variables	Mean 60-64 years	Std.Deaviation 60-64 years	Mean 65-70years	Std.Deaviation 65-70 years
Autonomy	13.00	1.46	10.40	4.03
Self-Acceptance	12.73	1.66	9.67	2.94
Environmental Mastery	13.80	2.45	12.20	4.03
Personal Growth	12.00	3.58	11.53	3.15
Positive Relation	15.33	2.16	12.13	2.72
Purpose In Life	22.07	4.11	25.27	4.49

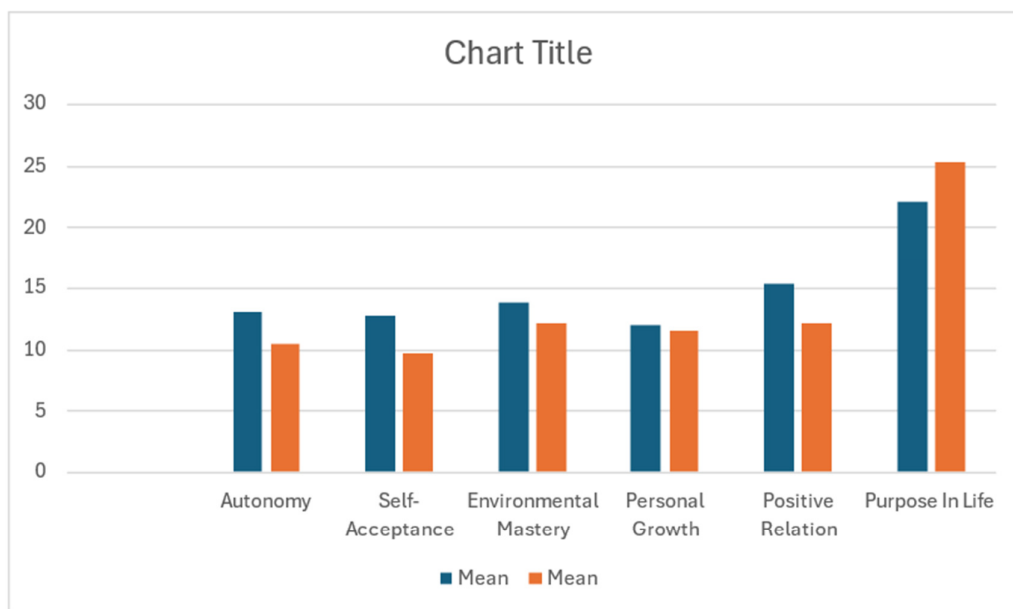


Fig 2. Graphical Representation of Mean Scores of Psychological Well-Being of 60-64 and 65-70 Age Groups of Senior Citizens.

Table 3. Descriptive Statistics of Happiness and Satisfaction with Life Scale of 60-64 and 65-70 Age Groups of Senior Citizens.

	Mean 60-64 years	Std.Deaviation 60-64 years	Mean 65-70 years	Std.Deaviation 65-70years
SWLS	18.67	3.754	16.87	3.758
SHS	19.20	4.586	13.80	2.908

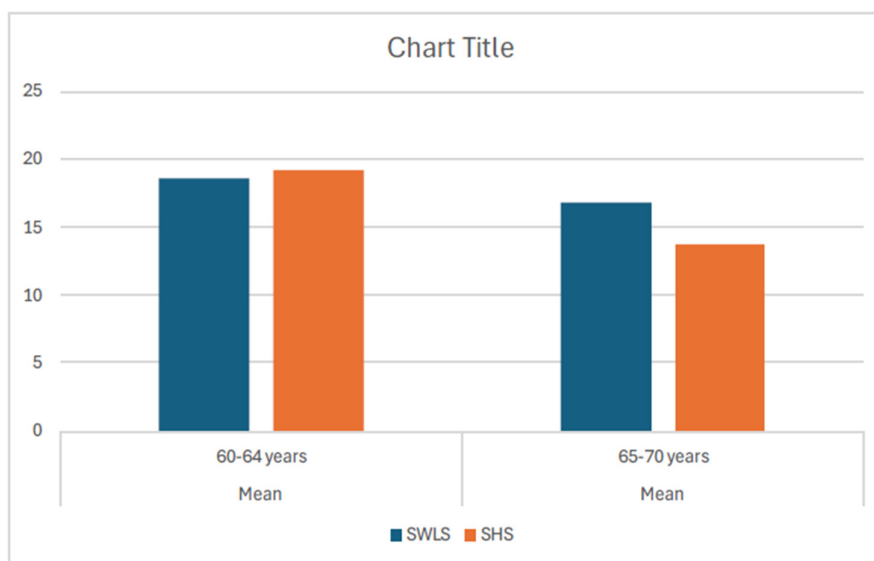


Fig 3. Graphical Representation of Mean Scores of Happiness and Satisfaction with Life Scale of 60-64 and 65-70 Age Groups of Senior Citizens.

Conclusion:

Based on the comprehensive analysis of data, statistical interpretation, discussion of findings, and relevant literature review, along with acknowledgment of the constraints and limitations inherent in this study, the following conclusions have been drawn. Beyond the age of 70, a gradual decline in lower body muscular strength is evident, contributing to functional walking limitations and compromising independence in daily activities. Similarly, there is a progressive decrease in chest area strength with advancing age, potentially leading to significant functional limitations and impacting independence in daily activities.

The study highlights a gradual decline in both lower and upper body flexibility and joint movement as individuals age, resulting in joint pain and restricted mobility. Agility demonstrates a gradual decline with age, increasing the risk of falls among older individuals. Aerobic endurance also exhibits a progressive decrease with age, affecting functional walking

capacity in older adults. Personal growth experiences a gradual decline beyond the age of 70, potentially impacting overall wellbeing and fulfilment in later life stages. Interestingly, age does not significantly impact the happiness levels of senior citizens, suggesting resilience and adaptability among this demographic. Notably, while flexibility in functional fitness does not significantly influence life satisfaction, and psychological wellbeing does not significantly affect life satisfaction. These conclusions underscore the multifaceted nature of aging and its implications for physical and psychological wellbeing. By understanding these dynamics, policymakers, healthcare professionals, and individuals themselves can better tailor interventions and support systems to promote healthy aging and enhance overall quality of life in later years.

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